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COMMITTEE ON VETERANS' AFFAIRS
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Good morning, Mr. Chairman, Ranking Member Kuster, and Members of the Committee. Thank you for the opportunity to discuss VA's research program and our relationship with academic affiliates. I am accompanied today by Dr. Rachel Ramoni, Chief Research and Development Officer and Dr. Karen Sanders, Deputy Chief Academic Affiliations Officer.

Office of Research and Development (ORD)

For more than 90 years, VA has conducted research within its hospitals and health care system in accord with Congressional authority to advance scientific knowledge about critical issues facing Veterans. In establishing VA Research, Congress recognized both the need to study the unique problems of Veterans but also the opportunity for research to support excellent clinical care.

Since its inception, VA Research has contributed to groundbreaking advances such as the Computerized Axial Tomography scan, the pacemaker, and organ transplants; it has sponsored groundbreaking studies on the treatment of tuberculosis, high blood pressure, heart disease, and Posttraumatic Stress Disorder (PTSD). It has partnered with industry to demonstrate the value of vaccination to prevent shingles, and to develop state of the art prosthetic limbs. These achievements have resulted in three Nobel prizes, seven Lasker Awards, and numerous other national and international honors. VA Research continues to drive advances in Veteran care in issues as diverse as diabetes, spinal cord injury, and mental health. Its groundbreaking Million Veterans Program has already enrolled more than half a million Veterans who have donated blood samples and completed surveys to help unlock the genomic basis of medical disease. Additionally, VA is looking to improve its research to focus strategically on the areas where we will have the greatest impact.

VA Research benefits from its position within an integrated health care system with more than 150 medical centers and a state-of-the-art electronic health record. Our ability to recruit patients throughout the country, to draw on detailed clinical data over two decades on 8 million Veterans, and to implement research findings into clinical care makes VA a model for bench-to-bedside research. Partnerships with national and regional VA clinical leaders, new outreach to Veterans in the community, and a network of research Centers with specific areas of focus ensure that research reflects the current and future needs of Veterans.

The VA Research program plays a unique role that cannot be filled by external funding sources. First, VA Research prioritizes problems that are common or important to Veterans, such as PTSD, traumatic brain injury, polytrauma, and military sexual trauma. Second, 60 percent of our researchers are also practicing clinicians at VA medical centers (VAMCs). As a result, they are familiar with the Veteran experience and are able to seek knowledge and pursue research topics to help our patients. Unlike other Federal agencies, VA has no laboratories whose predominant function is research. Instead, research studies are performed in parallel in close proximity to where patient care is provided. This leads to a focus on research areas benefiting Veterans. Third, research is conducted by VA employees who are dedicated to the mission of improving care for Veterans. Finally, a research program planned and run within VA can adapt to the changing needs of the Veteran population. For example, the Office of Research and Development has dramatically increased the number of researchers and studies addressing the needs of women Veterans over the past decade to meet the growing population of women entering VA care.

VA's research program relies on principal investigators whose primary commitment is to VA Research. All VA Research funding is provided to VA-employed researchers. Research in the 21st Century, however, is a highly collaborative enterprise, building on the collective contribution of different specialized areas of expertise. For example, our research on Traumatic Brain Injury requires the collaboration of cellular biologists, neurologists, psychologists, radiologists, physicists, engineers, and rehabilitation specialists and requires accessing state-of-the-art imaging equipment and laboratory techniques. VA's close partnership with universities, detailed later, allows VA scientists to be part of a larger national network of scientists and to leverage laboratory space, equipment, and expertise that may be more readily available at the university. VA investigators must apply for a waiver if they intend to conduct VA Research outside of VA-owned property.

VA researchers work at more than 100 VAMCs conducting research. The majority of VA researchers – whether full-time clinician scientists or part-time Ph.D. researchers – have dual appointments at their academic affiliate. Their university appointment supports their VA research by keeping them up to date on research outside of VA, allowing them to train future researchers and clinicians and enabling them to pursue additional sources of funding. Dually appointed investigators can leverage their VA funding to obtain funding from National Institutes of Health (NIH), foundations, Department of Defense (DoD), and industry to accelerate their research and its impacts. Many clinicians and researchers have laboratory access at both VA and their academic affiliate.

VA Research fosters dynamic collaborations with its university partners, other federal agencies, nonprofit organizations, and private industry. In 2017, VA researchers were able to leverage \$673 million in VA funding to bring in an additional \$595 million in external funding from industry and Federal agencies such as NIH and DoD. The Federal investment in VA Research returns incredible value to Veterans and the taxpayers, value that is reflected in Veterans positive attitudes about research and health care outcomes in VA.

Office of Academic Affiliations (OAA)

Strong academic relationships have been the foundation of improving quality care and patient access in VA health care since 1946. January 30, 2016, marked the 70th anniversary of VA “Policy memorandum #2,” a document crafted by General Omar Bradley and other VA leaders which established the visionary partnership that VA has with America’s medical schools. The initial motivation for integrating academic relationships into VA’s mission is just as relevant today: improving the quality of care provided to Veterans and ensuring that they are cared for by America’s best and brightest from academic institutions. Moreover, the partnership with our universities and medical schools gives VA access to cutting edge technology, expertise and national research networks that would be difficult to replicate in VA. VHA is profoundly important to U.S. health care; approximately 70 percent of U.S. physicians have had some part of their training in a VA facility.

VA is affiliated with well over 90 percent of Doctor of Medicine (MD) and Doctor of Osteopathy (DO)-granting medical schools; VA’s health profession education activities also include affiliations with over 1,800 schools of nursing, pharmacy, psychology, and other health professions. Through these affiliations and VA’s own sponsorship of selected programs, over 127,000 trainees in health professions received supervised clinical education in VA facilities last year. VHA is also the second largest funder of Graduate Medical Education (GME), after the Centers for Medicare and Medicaid Services (CMS).

The Office of Academic Affiliations (OAA) is responsible for overseeing the statutory education mission of VA, as authorized in 38 U.S.C. 7302. The Office of Research and Development is responsible for the statutory research mission of VA, as authorized in 38 U.S.C. 7303. Related to the authority for affiliation relationships, VA is authorized to execute sole source contracts with academic affiliates under 38 U.S.C. 8153. These contractual relationships are overseen by the Medical Sharing Office in VHA. Therefore, all three of these offices share oversight responsibilities for conduct of the various components of the academic relationships of VA.

OAA provides oversight and leadership for aligning the health professions education programs with VA’s health care workforce needs. OAA facilitates the conduct of the education mission through extensive outreach, communication and dissemination of best practices across the enterprise, focusing especially on training programs and trainees. Under the authority of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA) GME expansion, OAA works with small VAMCs and community-based outpatient clinics to initiate new GME programs in rural and underserved areas.

Academic partnerships and the work of dually appointed researchers are managed locally by the local VA Research office and by the leadership of the local VAMC. With over 3,000 researchers at more than 100 VAMCs, local leadership is best positioned to ensure that VA employees are fulfilling their commitments to VA, whether they be clinical, research, teaching or administrative duties. For research, the primary focus is on ensuring that the individual projects are proceeding on schedule, are completed successfully, and have results that are shared with the scientific and clinical

communities. VA monitors the progress of individual projects through annual reporting using the NIH's electronic Research Administration system, through annual reports of VA-funded research centers, and through oversight of VA multi-site clinical trials through our Data Safety and Monitoring Board.

In general, VAMCs are affiliated with geographically nearby medical schools and teaching hospitals. Medical Education is sub-divided into Under Graduate Medical Education, the period of time prior to awarding of the graduate MD or DO degree, and the GME component, which is also called "residency training." GME programs are accredited by two main accrediting bodies, which are the Accreditation Council for Graduate Medical Education and the American Osteopathic Association. These accreditors publish essential standards for the conduct of these training programs. With few exceptions, academic affiliates, not VA, are the "sponsors" of residency training programs, which means they bear the primary responsibility for meeting the standards and requirements of the accrediting body. VA collaborates with its academic affiliates in the execution of the residency training programs in order to meet the educational needs of trainees and the care needs of Veterans. This collaborative partnership has multiple oversight mechanisms to ensure a high quality educational experience for physician residents as well as safe and effective care for Veterans. While OAA allocates resident positions and provides stipend funding for residency education, training program execution resides at the local level and is a shared VA-affiliate endeavor.

It is important to note that OAA's mission is to provide a health professions workforce for VA and the nation. In this context, OAA has many types of training programs and ensures the alignment of training programs with VA's workforce needs. For example, in the last five years of OAA's Mental Health Education Expansion, 699 mental health trainee positions were allocated across important professions such as psychology, social work, and chaplaincy. Funding was also added for Licensed Professional Mental Health Counselors and Marriage and Family Therapists in the last three years. Mental health training for Nurse Practitioners and Physician Assistants also recently began. All states now have at least one VA mental health training program. These trainees assist in providing direct supervised care for Veterans, and also ensure a robust workforce pipeline into VA staff employment.

Section 301(b) of the VACAA authorized VA to increase the number of GME physician residency positions by up to 1,500. An innovative part of VACAA was the inclusion of GME expansion targeting primary care and psychiatry. While some VA facilities were too remote or small to handle GME in other specialties, many had strength in family medicine, internal medicine and psychiatry. This statute has allowed many of those facilities to start GME programs by forming affiliations with residency sponsors in their service areas. New allopathic and osteopathic medical schools found clinical rotations for their students and residents, such as the University of Texas Rio Grande Valley in Harlingen and Burrell College of Osteopathic Medicine in El Paso and Las Cruces. This statute has opened VA to family medicine which brings along its care for women and crucial procedural skills. In the original 50 facilities OAA identified as having low or no GME positions only four remain with no physician educational activity.

This statute has influenced the distribution of physician training to underserved areas in an effective and positive manner.

VA appreciates the support of Congress in authorizing this initiative for 10 years. This initiative has been extremely successful in the 2 years since the first VACAA residents first came to VA in July 2015. To date, 547 positions have been awarded to VAMCs around the country, and over two-thirds of these positions are in primary care and psychiatry.

Non-Profit Corporations (NPCs)

VA-affiliated research and education corporations, also known as non-profit corporations (NPCs), were established by Congress in 1988 under 38 U.S.C. 7361-7366. Currently, there are 84 NPCs located throughout the U.S. and in Puerto Rico. After paying their own administrative expenses, they have collectively contributed \$2.2 billion to VA Research in the last decade. Annually, they manage \$272 million in assets, comprised principally of cash and cash equivalents. NPC revenues are from Federal granting agencies such as NIH and DoD (68 percent), industry (20 percent), private foundations (10 percent), interest earned, and other sources (2 percent). NPCs employ approximately 2,800 people, serve 2,300 researchers, and administer 3,500 research projects. NPCs are established at VAMCs and are state-chartered nonprofit corporations governed by boards of directors. There are four directors required by law ("statutory directors"). They are the Medical Center Director, the Chief of Staff, the Associate Chief of Staff for Research, and the Associate Chief of Staff for Education. Two non-VA community members are also required.

VA has oversight responsibility and authority for the NPCs. The VHA Nonprofit Program Oversight Board meets quarterly and provides direction with input from the VHA Chief Financial Officer and the Office of Research and Development. The Nonprofit Program Office (NPPO) is the principal liaison between VA and the 84 NPCs. On-site audits and other oversight measures are employed by the NPPO. This oversight is accomplished through routine triennial on-site reviews, follow-up on past reviews, for cause audits and investigations, the NPC annual report to Congress, education and training sessions, and ad-hoc consultations.

External funding from industry and other Federal agencies may be administered by the affiliated NPC. Who administers these funds is dependent on a number of factors such as the location of the principal investigator and collaborators, conduct of the research, complexity of the research, and expertise required for the management of the grant. VA encourages the use of the NPCs when possible, but allows the local VAMC to manage these relationships.

VA appreciates Congress's support which allows us to train future medical researchers and clinicians to care for Veterans and the nation as a whole. Mr. Chairman, this concludes my testimony. My colleagues and I are prepared to answer any questions you, Ranking Member Kuster, or other Members of the Committee may have.